

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_

Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

**WATER WELL OWNER**

Name	
Business	
Address	
Well location at owner's address	

**WELL WATER USE**

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**COMPLETION**

Depth of completed well: _____ .
Depth(s) groundwater encountered:
(1) _____ .; (2) _____ .;
(3) _____ .; (4) dry well
Static water level in well: _____ .
measured below land surface
on (mm/dd/yy): _____
measured above land surface
on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ . a er _____ hours
pumping _____ gpm
Pump installed?    Yes    No
Water well disinfected?    Yes    No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval:	Borehole diameter:
from _____ to _____ .	_____ in.
from _____ to _____ .	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?*    Yes    No	
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ . to _____ .	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ .	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ . to _____ .	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ .	
Wall thickness or gauge no.: _____	
Grout interval: _____ . to _____ .	
Grout material: _____	
Grout interval: _____ . to _____ .	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals:	
From _____ . to _____ .	
Slot size _____ unit _____	
From _____ . to _____ .	
Slot size _____ unit _____	
Gravel pack intervals:	
Gravel pack not used:      Gravel size _____ in	
From _____ . to _____ .	
Gravel pack not used:      Gravel size _____ in	
From _____ . to _____ .	

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed:    Yes    No
County Permit:    Yes    No    Permit ID: _____
Lease Name & Well #: _____
# of boreholes: _____    # of dewatering wells: _____

**LITHOLOGIC LOG**

FROM	TO	LITHOLOGY INTERVALS

**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

is water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief.    is water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as de ned in K.A.R. 28-30-2(j) and signed and certi ed by the electronic signature of the designated person at its submittal: _____.
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Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

Form	WWC5.2 - Water Well Record
Doc ID	1834250
Well Owner	Matt Stewart
Contractor	Flint Hills Drilling #914

#### Lithology

From	To	Lithology Intervals
0	8	clay
8	44	shale,unweathered,tan,with gray shale
44	46	sandstone,unweathered,gray
46	58	shale,unweathered,gray,with tan shale
58	138	shale,unweathered,gray
138	150	sandstone,unweathered,with gray shale layers
150	179	sandstone,unweathered,gray
179	185	shale,unweathered,gray